

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033394 (5)

1. Corporation Name

S.O.F.T. ENTERPRISES, INC.



Principal Place of Business

7378 W. ATLANTIC BLVD.
SUITE 244
POMPANO BEACH FL 33063
US

Mailing Address

7378 W. ATLANTIC BLVD.
SUITE 244
POMPANO BEACH FL 33063
US

3. Date Incorporated or Qualified

04/29/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 7884 NW 1 STREET

Suite, Apt. #, etc.

22

City & State

23 MARGATE FLORIDA

Zip

24 33063

Country

25 U.S.

2a. Mailing Address

26 7884 NW 1 STREET

Suite, Apt. #, etc.

27

City & State

28 MARGATE FLORIDA

Zip

29 33063

Country

30 U.S.

4. FEI Number

65-0485981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A ESQ.
165 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

OTT, KATHRYN J

244 SOUTH EAST 9TH AVENUE

POMPANO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

TRUOCCHIO, THERESA M

244 SOUTH EAST 9TH AVENUE

POMPANO BEACH FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

FASSRAINER, MARY T

244 SOUTH EAST 9TH AVENUE

POMPANO BEACH FL 33060

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

SNOW, CATHY A

244 SOUTH EAST 9TH AVENUE

POMPANO BEACH FL 33060

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.T.D.

KATHRYN OTT

7884 NW 1 STREET

MARGATE, FL

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KATHRYN J. ORT

4/27/96

954-968-5756

CR2E034 (12/95)